DESELL OUT		THE OTHER
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Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identificati Number	ion					ort Filed I ark X)	Ву	Candida	date Committee Lobbyist				byist					
Name of Filing (Lobbyist	Commit	tee, Ca	ndidate o	r	SHIR	LEY BILEK												
Street Address					9225	FILLINGER	ROAD											
City	С	RANESV	ILLE					State	PA		Zip Co	de	1641	.0				
Type of Report (Place x	under	report typ	e)														
1- 6 th Tuesday Pre-Primary	6	Friday imary	3- 30 Da Primary	•		h Tuesday Election		Friday Election	6- 30 D Electio	ay Post n	7- Ann	ual		cial 2' Electi	^{id} Friday ion		cial 30 l t-Electio	- :
] .			5	\overline{A}]						1		
Date Of Election			11 (07 (Yea	r			Amend	ment			Tern	ninat	ion			
(MM/DD/YYYY)			11/07/	2017			20	017	Report				Repo	ort				
Summary of Red	ceipts a	nd-	From Da	ate		To Dat	e					For	Office	Use	Only			
Expenditures			10/20	0/2017		10	0/24/201	17										
A. Amount Brou	ight Fo	rward F				\$	0											
B. Total Moneta		tributio	ns and Re	eceipts	;	\$	604.79											
(From Schedule C. Total Funds A						<u> </u>	004.73											
(Sum of Lines A		_		•		\$	604.79											
D. Total Expend	itures					\$	604.79							σ# €	5 5	<u>⊇</u>		
(From Schedule E. Ending Cash E		-				\$			TENE 2									
(Subtract Line D						ا ا	0											
F. Value of In-Ki (From Schedule		tributio	ns Receiv	/ed		\$	0		as a λ									
G. Unpaid Debt (From Schedule		bligation	ons			\$	0							-	~-			
						_ 4		fidavit Se			· · · · · · · · · · · · · · · · · · ·			+				
Part 1- If this is a (I swear (or affirm)											lge and he	elief ti	rue, cor	-	nd comple	c ete		
Sworp to and subs				inc accu	iorica i	≓	8	ū.										
S day of	<i>O</i> Ot	obe	x 20 1	\Box		PENNS EAC	Public County April 3.	ATION -	St	rele	4 B.	K	ele	K				
Danie	2 (بلار	Jt -		_	L [2]	~ ~ ~	ĮO.	SH	ignature RLE	of Person	Subm	nitting r イムモ	report				
	Signatu	re //	2-10)		TH C	Lonia Wilt. Notal City of Erle, Erle mmission Expire	ENNSYLVANIA ASSO	n/	,	Printed	l Nam	ie 		/			
My Commission e	xpires	<u>ا</u> -ر	<u>ا " (</u>	<i>)</i>		EAL SO.	lonia v City of mmissi	- FILVE	8/4		-	0	750	0-4	1500			
		MO.	DAY	YR۰		N K	Lon City Commi	ENNS:	Area Code			Day	yume F	eiepn	one Numb	er —		
Part II- If this is a report of a Candidate's Authorized Committee candidate candidate is gign here. I swear (or affirm) that to the best of my knowledge and belief is political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as																		
amended.						OL		lii.										
Sworn to and subs	scribed b	efore m	e this															
day of_			20		_	١.		_										
					_	 		_	Signature of Candidate									
	Signatu	re				.			Printed Name									
My Commission e	xpires							_			_							
		MO.	DAY	YR.				P	Area Code			Dayt	time Te	lepho	ne Numbe	er		

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

	•	 	
Filer Identification Number			
THE INCIDENCE INTERIOR			
회 전에 어디어 되었다면 하는데 그 사람들은 회 없다.			
환경 이 선생님은 전문 사람은 선생이 된 역사는 회원에			

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	0
Total for the reporting period (2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)	14 - 15 71 - 142 13 - 142	
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	604.79
Total for the reporting period (3)	\$	604.79
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	604.79

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification	n Nûmber				
	25 (1. 34 m) V C (1. 4. 4. 1				Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY]	5 \$ 4
Committee					
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	\$
. in 244 in the	Contagnation of the contag				
Full Name of Co Committee	entriputing			Date [MM/DD/YYYY]	.
House #	Street Address		 	Date [MM/DD/YYYY]	
				,	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	5. E				Fe (1) Fe (1) Fe (1)
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	**************************************
House #	Street Address			Date [MM/DD/YYYY]	- \$
				Tidas ()	
City	postava (20. buža) k	State	Zip Code	Date [MM/DD/YYYY]	\$
		W-915379 - M-915379		The state of the s	24. (25) 2. (25)
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	
				Company Reserved by William School Co.	-1 6-69
City		State	Zip Code	Date [MM/DD/YYYY]	\$ S
Full Name of Co	ntributing	on prosts	pasys natharis, 1906	Date [MM/DD/YYYY]	
Committee					
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
	,				(FC)
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
					5 12 1 5 12 1 5 4 1
City	To the state of th	State	Zip Code	Date [MM/DD/YYYY]	\$
89, 900 50, 924		174935 14577 31			

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	·	
7-78-1-78-1-7-78-1-7-78-1-78-1-78-1-78-		

	er one work or or or or				w.#
Full Name of Co	ntributor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
to a way day of	Palanta and American				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	he see at the second leading to the second	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributer			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	8
		•			
City		State	Zip Code	Date [MM/DD/YYYY]	Š

Full Name of Co	ntributor	5 X 4 X 4 X 4 X 4 X 4 X 4 X 4 X 4 X 4 X	Jacks SC 244 Annie Schwiese, der Wester All	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
1 3 at 4 4					
City:		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				A CONTRACTOR OF THE PROPERTY O	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$.
City		State	Zip Code	Date [MM/DD/YYYY]	\$
3 - 4 - 4 - 1		40.000 00000000000000000000000000000000	15 1 5 1 Sept. 15 1 Sept. 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3455

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:

Full Name of Co				Date [MM/DD/YYYY] \$
	SHIRLEY BELLE	BILEK		10/20/2017
House # 9225	Street Address			Date [MM/DD/YYYY] \$ 585.74
9223	FIL	LINGER ROAD		10/24/2017
City CRANESV	TILLE	State PA	Zip Code 16410	Date [MM/DD/YYYY] \$
Employer Name	KA	AUFER ASSOC.	Telephone in the person of the f	Occupation OFFICE MANAGER / ACCOUNTING
Employer Mailir Principal Place o		12 MAIN ST.EAST, ST	E 1S., GIRARD ,PA. 16417	Leaders was as sel
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	[minute (1979) 200 (1985) 2	State	.Zip.Code	Date [MM/DD/YYYY] \$
Employer Name		Tarabas and serviced		Occupation
Employer Mailir Principal Place o			•	
Full Name of Co	See a contract of the second section of the second			Date [MIV/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	Peter trains was to desire at 1	State	. Zip Gode	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailir Principal Place o				
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailin	ng Address /			

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer igenuncation Numi	Jel.			
	SC. 5989 1			
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House #	Street Address	. ,-		
City		State	Zip	Date [MM/DD/YYYY] \$
Santa and Landau Commission of the Commission of			Code	
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
<u></u>			Code	
Receipt Description			Jacobs Communication of the Co	
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYYY] \$
			Code	
Receipt Description				
Full Name				
House #	Street Address			
City		State :	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description			- 1 - 1	
Full Name				· · · · · · · · · · · · · · · · · · ·
House #	Street Address		.,,,	
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description	(m) (MA) (m)			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:				
1. UNITEMIZED IN KIND CONTRIB	BUTIONS RECEIVED VAI	LLE OF \$50 00 OR LESS PER	CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	CONTRIBUTION	
2. IN:KIND CONTRIBUTIONS RECE		TO COSMON/EBOM/DATE		2000年代開始第二日
TOTAL for the reporting period	(2)	\$	<i>]</i>	AND GOVERNMENT OF
3. IN-KIND CONTRIBUTION RECEI	IVFD-VALUE OVER \$250) GO (FROM PART G)		2.5.5464\$04
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTION				
PERIOD (Add and enter amount totals fro on Page 1, Report Cover Page, Item F)	om boxes 1, 2, and 3; al	iso enter		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
ALTERNATION OF THE STATE OF THE	
Filer Identification Number:	

Full Name of Contrib	uter	•		Date [MM/DD/YYYY]	\$
all parts					
House #	Street: Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		36.5			
Description of Contr	ibution				
Full Name of Contrib	outor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contr	ibution				
		8			
Full Name of Contrib	iutor			Date [MM/DD/YYYY]	. \$
House #	Street Address			Date [MM/DD/YYYY]	\$
		#8#2#66#08###	The Abelian Registra and		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Market I					
Description of Contr	loution				
Full Name of Contrib	iutor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	3.5
City.		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contr	ibution	Sign Magazina			
Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
er (* 1855) en general (* 1864) en er General					
House #	Street Address			Date [MM/DD/YYYY]	\$
	100			and the second s	
City	10 年89年12年12日 第13条業長の前の高級	State	Zip Code	Date [MM/DD/YYYY]	8
Description of Contr	ibution	70 month (25 days) and	1000000000000000000000000000000000000		[Nagara]
GIVE EWA ET HE PARTER	na vojastinski populiti prijetori.	4			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:			•••
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	######################################	<u> </u>	Occupation
Employer Mailing Address / Principal			Description
Place of Business			of Contribution
Full Name of Contributor			Date [MM/DD/YYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		[8 - 1 - 6 1 - 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Occupation
Employer Mailing Address / Principal	7 5 2		Description
Place of Business			of Contribution
Full Name of Contributor	%[Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
		NAMES AND ADDRESS OF THE PARTY	
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		#K# 6700 W 1942 W	Occupation
Employer Mailing Address / Principal	7 <u> </u>		Description.
Place of Business			of Contribution
Full Name of Contributor	<u> </u>		Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal			Description
Place of Business			of Contribution

Statement of Expenditures

the state of the contract of the state of th	 	 "	- 1
Filer Identification Number:			
			- 1
经差别的连续发生的 化多数多种 医多种多种 化二氯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基			
Programma and the force of the little back. I		 	

To Whom Paid				Date [MM/DD/YYYY] \$	10.05
	STAPLÉS			10/20/2017	19.05
House # 1902	Street Address KE	YSTONE DRIVE	- Allers (Annual Annual	Description of Expenditure	
City ERIE	The second of th	State PA	Zip 16509	POSTCARDS	
To Whom Paid	STAPLES		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	63.04
	TIMPLES			10/24/2017	62.94
House # 1902	Street Address KE	YSTONE DRIVE		Description of Expenditure	
City ERIE		State PA	Zip Code 16509	POSTCARDS AND PRINTER INK	
To Whom Paid	ALBION POST OFFICE		· · · · ·	Date [MM/DD/YYYY] \$	227.8
			4 + 4 - Brewn	10/24/2017	Š
House # 35	Street Address EA	ST STATE STREET		Description of Expenditure	
City ALBION		State PA	Zip Code 16401	POSTAGE	
To Whom Paid	AND SIGN WHALESA	te		Date [MM/DD/YYYY] \$	295
	YARD SIGN WHOLESA	<u></u>		10/24/2017	Š
House # 1813	Street Address E.	COLONIAL DRIVE		Description of Expenditure	
City ORLANDO		State FL	Zip Code 32803	CAMPAIGN SIGNS	
To Whom Paid				Date [MM/DD/YYYY] . \$	
House #	Street Address			Description of Expenditure	
Gity		State	Zip Code		
To Whom Pald				Date [MM/DD/YYYY] \$	
House #	Street Address		A dare.	Description of Expenditure	1
City	[4] 200 (200 (200 (200 (200 (200 (200 (200	State	Zip Code	\$2.00 to \$2.00 to \$2.00 to \$3.00 to \$3.	
To Whom Paid		······································		Date [MM/DD/YYYY] \$	5.
House #	Street Address		1	Description of Expenditure	
City	4 to de transport ou consider Them in 1991	State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address	<u>-</u>		Description of Expenditure	1
City	15 # 365 55 50 55 50 55 55 55 55	State	Zíp Code		er er er en grade – 1, 17 avez v. 1975 billioù e <u>e e e e e e e e e e e e e e e</u>

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification	n Number:		
	248 - 1947 (1948) (1948) - 1948 (1948) (1948) (1948) (1948) (1948) (1948) (1948) (1948) (1948) (1948) (1948)		
Name of Credito	7	00	itstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]	
City		State Zip Code	
Description of D	lebt		
Name of Credito	200		itstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]	
City		State Zip Code	
Description of D	Pebt		
Name of Credito	9 (Ou	itstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]	The state of the s
City		State Zip Code	
Description of D)ebt.		
Name of Credito	or .		itstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]	77.00
City	keesses as a second sec	State Zip Code	
Description of D)ebt	Power IPower	
Name of Credito	or.		itstanding Balance of Debt
House #	Street:Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]	
City		State Zip Code	
Description of D)ebt		
Name of Credito	or .		itstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]	and the second s
Gity		State Zip Code	
Description of D	Debt	To the second se	